

CONTINUING TEMPORARY APPROVAL FOR TEACHER REQUEST FORM

Note: Documentation that supports the following statements must be maintained in this candidate's file for audit purposes.

The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.

Candidate's Name: Last Name _____ First Name _____ MI _____
 Social Security #: _____
 ISD Name: _____ ISD Code #: _____
 LEA Name: _____ LEA Code#: _____
 Program Category: _____ Program Category Code #: _____
 University/College: _____ University/College Code #: _____
 Grades Assigned: K-12 _____ Early Childhood Special Education _____
 Effective Date: Month _____ Date _____ Year _____

Yes No 1. This candidate holds a valid Michigan teaching certificate. (attach copy)

Yes No 2. This candidate continues to be employed in the same category and level of assignment as employed and approved in the previous school year. A copy of the previous school year approval is on file. (attach copy)

Yes No 3. The ISD has received a copy of the University/College form PV indicating that this candidate has completed at least 6 semester hours of coursework towards full endorsement or approval in the appropriate program category and level as required by the assignment shown above, between September 1 of the previous school year and August 31 of the current school year; or form PV indicates that this candidate did not complete the required hours, did the University/College state that applicable coursework was **not available**. Indicate "yes" if all requirements for continuing approval have been met.

Indicate "no" if the required coursework hours were not completed and applicable coursework was available. A copy of this request, along with documentation that clearly demonstrates circumstances that were beyond the candidate's control, must be submitted to the MDE, Office of Special Education and Early Intervention Services for consideration. The computerized process will not accept this request.

Yes No 4. Personnel signatures by the employer and ISD.

LEA/ Employer _____ Date _____

ISD Superintendent/Designee _____ Date _____

Return to: _____
 (ISD Contact) _____

Telephone #: _____

cc: Intermediate School District
 School District
 Candidate
 University/College (if applicable)